



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR MEDICAL MARIJUANA REGULATION
MEDICAL MARIJUANA REGULATORY PROGRAM

MEDICAL MARIJUANA FACILITY LICENSE & COMPLIANCE VARIANCE REQUEST FORM

Per 19 CSR 30-95.025(2), requests for variance from the requirements of any provision of 19 CSR 30-95 shall be made in writing by the primary contact person on record for a Facility License or Certification, or for a facility application.

Any variance request received will be reviewed based on the information provided and the proposed good cause.

We cannot guarantee a variance will be granted. The requester should continue to meet department established deadlines while a variance request is pending. **The department does not have a specific timeframe established for approving or denying a variance request.** A variance request made 7 days in advance of deadlines is preferred to allow the program an opportunity to sufficiently review. A variance request shall be issued by the department in writing and shall include the specific reasons for an approval or a denial.

If a variance is not granted, the facility may be in violation of the rules per 19 CSR 30-95.040(5)(C). A facility's violation of rules may result in revocation of its license or certification.

Variance requests shall include:

- A list of each requirement for which a variance is requested, with citation to the specific rule in which the requirement can be found; and
- An explanation for why the requirement cannot be met or why meeting the requirement would impose an undue burden on the applicant or facility.
- The Variance must also include good cause.

Multiple variance requests should be submitted separately.

Requests for variance from the requirements of any provision of 19 CSR 30-95 shall be made by completing this form in its entirety.

Submit this form to: mmlicenses@health.mo.gov Attention: Variance Request.

FACILITY INFORMATION

FACILITY NAME [1]		FACILITY LICENSE ID [2]	
FACILITY PHONE #		APPLICATION ID [3]	
FACILITY STREET 1	STREET 2		
FACILITY CITY	STATE	ZIP	

PRIMARY CONTACT INFORMATION [4]

PRIMARY CONTACT NAME			
PHONE #		EMAIL	
STREET 1		STREET 2	
CITY	STATE	ZIP	

CONTACT OF AGENT, IF APPLICABLE [5]

AGENT NAME			
PHONE #		EMAIL	
STREET 1		STREET 2	
CITY	STATE	ZIP	

List rule citation for variance. [6]

--	--	--	--

Provide an explanation for why the requirement cannot be met and why meeting the requirement would impose an undue burden on the applicant or licensed facility. Provide good cause. [7]
If additional information is required, a representative from the Facility License and Compliance Section will contact you.

Submit this form to mmlicenses@health.mo.gov. Attention: Variance Request

[1] The facility name refers to the name listed on the approved license, certificate, or application.

[2] The facility license ID number refers to the number listed on the approved license or certificate.

[3] Include the application number if the variance is associated with either a new facility application or an application for a facility update request.

[4] Primary contact refers to the facility's designated primary contact listed on the approved license, certificate or in the facility application. The department will provide approval or denial of the variance request to the primary contact.

[5] If applicable, provide the name and contact information for the facility's designated agent. The agent may be the facility's legal counsel or anyone else with whom the primary contact authorizes the department to discuss this variance request.

[6] List the requirement and citation to specific rule(s) for which this variance is requested. Only one variance request may be submitted per form. The word limit is 25 for this question.

[7] A good cause explanation must be provided that concisely describes why the requirement cannot be met and would impose an undue burden. The word limit is 300 for this question.